MAXIMUS Federal Services

Case Number:	CM14-0190725		
Date Assigned:	11/24/2014	Date of Injury:	03/16/2000
Decision Date:	01/12/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47 year old male with an injury date of 03/16/10. Based on the 10/22/14 progress report provided by treating physician, the patient complains of low back pain with numbness and tingling to the left thigh and groin, as well as bilateral knee pain. Physical examination to the lumbar spine revealed well-healed scars and tenderness to palpation and spasms to the paralumbar musculature and the left hip. Range of motion was reduced. Sensory exam revealed decreased sensation in the L4 dermatome on the left thigh. The patient received one Toradol injection and one Depo Medrol and Kenalog injection with no complications on 10/22/14. Patient medications include Norco, Tramadol, Ranitidine, Gabapentin, and Tizanidine, which are helping. Patient is not attending any form of therapy. Patient is not working. Diagnosis 10/22/14-L3-4 junctional level discopathy.-Status post lumbar spine hardware removal 03/09/03.-Status post L4 to S1 360 degree fusion 11/13/01.-Status post revision right-sided L4-5 microdiscectomy 10/19/00.- Status post right-sided L4-5 microdiscectomy 08/29/00.-Status post left knee arthroscopy 04/11/05.-Status post right knee arthroscopy 08/24/05.-Status post posterior lumbar fusion with pedicle screw fixation, inner transverse process bone graft 02/03/10.-Bilateral L5 radiculopathy.-Right knee tendinosis.-Right knee degenerative lateral meniscal tear.-L2-3 lumbar disc bulge.-Right knee severe osteoarthritis.The utilization review determination being challenged is dated 10/25/14. Treatment reports were provided from 10/13/11 - 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Intramuscular injection with 80 mg Kenalog and 80 mg of Depo Medrol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The patient presents with low back pain with numbness and tingling to the left thigh and groin, as well as bilateral knee pain. The patient is status post multiple surgeries to the lumbar spine and knees. The latest include posterior lumbar fusion with pedicle screw fixation, inner transverse process bone graft 02/03/10 and bilateral knee arthroscopy 2005. Patient's diagnosis dated 10/22/14 included L3-4 junctional level discopathy, L2-3 lumbar disc bulge, bilateral L5 radiculopathy, and right knee severe osteoarthritis and tendinosis. Patient medications include Norco, Tramadol, Ranitidine, Gabapentin, and Tizanidine, which are helping. Patient is not attending any form of therapy. Patient is not working. Review of the reports show that the patient was given IM Kenalog/dep Medro along with Toradol. There is no evidence of "clear-cut signs and symptoms of radiculopathy." ODG does not support this treatment for chronic condition. Given the lack of support from the guidelines, the request is not medically necessary.